



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/04/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Brown & Brown of MA LLC P.O. Box 4889 Pittsfield MA 01202	CONTACT NAME: Marion Lentes	FAX (A/C, No):	
	PHONE (A/C, No, Ext): (413) 564-6490	E-MAIL ADDRESS: Marion.Lentes@bbrown.com	
INSURED Doverbrook Estates Condominiums C/O NAI Plotkin 50 Doverbrook Road Chicopee MA 01022	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Insurance Company of Greater New York		22195
	INSURER B: Travelers Casualty Insurance Company of America		19046
	INSURER C: Greenwich Insurance Company		22322
	INSURER D: Norfolk and Dedham Mutual Fire Insurance Company		23965
	INSURER E:		
INSURER F:			

COVERAGES CERTIFICATE NUMBER: CL2312284624 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			6120D39821	01/01/2024	01/01/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			BA0P2896612442G	01/12/2024	01/12/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			PPP7455317	01/01/2024	01/01/2025	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$ PER STATUTE OTHER
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WE155927A	01/07/2024	01/07/2025	E.L. EACH ACCIDENT \$ 500000 E.L. DISEASE - EA EMPLOYEE \$ 500000 E.L. DISEASE - POLICY LIMIT \$ 500000 Deductible \$25,000 101,404,490
A	Bldg Bldg, Spec, ERC- Agreed Value			6120D39821	01/01/2024	01/01/2025	560 Units

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

ALL IN including improvements & betterments- coverage includes all common elements, including machinery, equipment, and fixtures that are permanently attached to the building and fixtures, installations, alterations and additions, improvements and betterments that comprise part of the building when situated within portion of the premises and used exclusively by an individual condominium unit owner, and if not covered by other insurance. Wind & Hail included, Extended Replacement Cost-if a loss exceeds the blanket limit of insurance for property the most the insured will be paid is an additional 25% of the blanket limit. Subject to the terms and conditions of the policy. \$25,000 Per unit Ice Damming deductible

CERTIFICATE HOLDER NAI Plotkin 50 Doverbrook Road Chicopee MA 01022	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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ADDITIONAL REMARKS SCHEDULE

AGENCY Brown & Brown of MA LLC		NAMED INSURED Doverbrook Estates Condominiums	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

\$25,000 Per unit Ice Damming deductible
 \$25,000 Per unit water damage deductible
 \$25,000 Per unit sewer back-up deductible
 \$25,000 Per unit sprinkler leakage deductible
 Equipment Breakdown included
 Ordinance or Law \$1,000,000
 Separation of insureds applies
 Crime/Employee dishonesty, Travelers Property & Casualty policy # 105725760 1/1/24 - 1/1/25- \$4,000,000; \$25,000 ded; Property Manager is included

Directors & Officers Liability, Travelers Property & Casualty policy # 106033809
 \$1,000,000 Limit, \$10,000 ded